PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/820,836			ing Date 08/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
Н	FOR	I N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
П	BASIC FEE (37 CFR 1.16(a), (b),	-	N/A	LD NO	N/A		N/A	TEE (a)	i	N/A	TEE (0)
┢	SEARCH FEE	or (C))	N/A		N/A		N/A		1	N/A	
H	(37 CFR 1.16(k), (i), (ii)		N/A	_	N/A		N/A		ł	N/A	
	(37 CFR 1.16(o), (p), (FAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =	
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ı	x s =			x s =	
	CFR 1.16(h)) APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	specificates of paper 50 (\$125 ional 50 s	ation and drawin er, the application for small entity) sheets or fraction a)(1)(G) and 37	n size fee due for each n thereof. See						
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	
	APPI	PED - PART II		OTHER THAN SMALL ENTITY OR SMALL ENTITY							
AMENDMENT	10/30/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1 160))	• 2	Minus	·· 26	= 0	l	X \$25 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 2	Minus	···3	= 0	l	X \$105 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))										
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**	=	l	x \$ =		OR	x \$ =	
N N	Independent (37 CFR 1,16(h))	*	Minus	***	=		x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))								1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Г									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

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